

JUDICIARY HUMAN RESOURCES DEPARTMENT

GRIEVANCE AND APPEAL FORM

(Attach copies of any earlier agency decision)

Employee Grievant: _____

Location: _____
(Court Address)

Department/Unit: _____ Supervisor: _____

STATEMENT OF GRIEVANCE

Grievance Step: _____ One _____ Two _____ Three

Date of Action/Knowledge of Occurrence: _____

Nature of Grievance/Appeal: (State specifically and definitely the issues of fact and law that the employee believes would support the grievance or appeal. Failure to do so may lead to the dismissal of the grievance or appeal.) _____

Attach separate sheets if necessary.

Remedy sought: _____

Prior to filing this grievance I made the following attempts to resolve this matter: _____

I ☐ do ☐ do not waive the time requirement.

I am represented by (If Applicable): _____

Name and Title of Organizational Representative

Employee Representative for Step Three Panel (If Applicable): _____

Employee's Signature: _____ Date: _____

I certify that this Statement of Grievance was received by management on:

Date Signature Title